Date: Sun, 10 Mar 1996 16:38:41 -0600 (CST)
X-PH: V3.18@itchy.dcrt.nih.gov
From: Ursula Goodenough <ursula@biodec.wustl.edu>
To: Harold Varmus <hv2b@nih.gov>
Subject: Office of Alternative Medicine
Message-Id: <Pine.ULT.3.91.960310143104.13504C-100000@biodec.wustl.edu>
Mime-Version: 1.0
Content-Type: TEXT/PLAIN; charset=US-ASCII

Dear Harold,

I just returned from a meeting of the Commission on Life Sciences at the NRC where the topic of alternative medicine was discussed in several contexts. I find I am frequently asked, "What does Harold think about all this?" and I don't, of course, have an answer. Since it may well be that you haven't had the chance to give it much thought, I will procede to present the situation as I see it after quite a lot of thought, in hopes that it will provide you fodder.

The "field" of Alternative Medicine is a hodgepodge of just about everything, the one commonality being that belief in the therapy is a major component in its success. AM in fact includes two facets that deserve exploration by the biomedical community, but neither in any way merits the existence of the OAM, since both are already part of mainstream medicine.

The first is the search for novel pharmaceuticals derived from natural products. This has of course been the time-honored practice of medical pharmacology for centuries and continues into the present as, for example, in the discovery of taxol in the bark of yew trees. Once discovered, taxol was forthwith synthesized in the laboratory (thereby saving a lot of yew trees, it should not be forgotten) and is now an important

clinical tool in the oncologists' armory. Although I have not yet seen this recommended, the AM approach would unquestionably be to claim that breast cancer only responds to "natural" taxol, not the "synthetic", and there would be testimonials to this effect from grateful patients. To the extent that this kind of confusion is perpetrated by an OAM office in the NIH, it directly insults the discipline of pharmacology and contributes to the epidemic of anti-science.

The second is the psychological component of illness and recovery. This is the longstanding purvue of clinical psychiatry, and continues to merit careful study by that disipline. In the AM context, a valid question, for example, might be: why is it that a significant number of women believe natural taxol to be preferable to synthetic taxol, a study that would probe the issue of body concept. Or: why is it that a significant number of persons report improvements after "touch therapy" (wherein the practitioner manipulates the person's misaligned "aura" which extends out from his/her body surface; the body itself is not touched), thereby probing, perhaps, endorphin release in response to a soothing context. The placebo effect, in general, is a fascinating manifestation of the human psyche which has unquestioned clinical relevance.

But the OAM was not set up to study the placebo effect. The NIMH and the various neurological institutes are so designed and staffed. The OAM, in the first and last analysis, was set up to "evaluate" such therapies, in and of themselves. There is a subtle but vital distinction between studying these magical practices as phenomena that are effective in eliciting belief, and studying them as phenomena that are effective in and of themselves. If the NIH is to proclaim itself as studying the possible reality, per se, of phenomena that are undeniably un-real, then the credibility of the institution is deeply eroded.

The common perception in the scientific community is that the OAM is a good thing because it will show that these superstitions are so much twaddle and people will stop using them. The laetrile trials are often cited in these comments. It is true that the very expensive and highly publicized laetrile trials did eventually slow that particular scam down (though there persist laetrile clinics in Mexico), but it was quickly replaced by shark cartilage,anti- neoplastons, and so on. This kind of policing of criminals is in any case the purvue of the FDA.

The proximal problem is that NOTHING coming from the OAM indicates that it is conducting or planning ANY studies that would put any alternative treatments to scientific test. The premise is rather to "find out why they work." As near as I can tell, if a "research project" fails to find this

out, the conclusion will be that the question should be asked some other way, not that it was the wrong question. There is no evidence of the skepticism that scientists bring to their own ides and those of others. Everything is "promising". Everything is "time-honored practice", the "wisdom of ancient times". It's really a disaster.

More globally, I believe that even if good, objective research were conducted to evaluate the real (as opposed to the placebo or religious) effectiveness of, say, homeopathy or aromatherapy or touch therapy or any other magical system, and it was established that there was nothing whatsoever going on, this would have no effect anyway. One only needs to look at the success of astrology in the face of numerous studies showing that it predicts nothing whatsoever and is based on non-existent cosmological premises to realize what would be the fate of a study showing that a magical system is just that. "Wrong study". "Can't be tested in a sterile laboratory; doesn't work there". Etc.

So the only real outcome of the presence of the OAM is that every therapy imaginable has for the past year been described as "being studied" by the OAM. Double standards being what they are, "being studied" at the NIH carries the same cachet as "under clinical trial"; it suggests interest and plausibility, and is highlighted just as long as negative results aren't the outcome. In fact, I received a wonderful letter from a man saying that homeopathy was the subject of a study reported in the "prestigious journal Nature," neglecting to add that the study was a damning demonstration that homeopathy was pure baloney.

Ron Estabrook and Bruce Ames presented their NRC report on the absurdities being practiced by the EPA in the name of anti-science. The physicists have recently stood up against similar stuff regarding the dangers of electromagnetic fields. It takes very little reading of the "alernative medicine" materials to realize that what it's really about is bogus stuff being perpetrated on a fearful citizenry by their exploiters. Of course this is too strong. Of course the nice person selling products in a nice health food store really believes in what s/he's doing. Exploitation needn't be malicious. Nor is exploitation unknown in the medical community. But support of alternative medicine, which is what the presence of the OAM is in practice achieving, is a direct slap at the medical community and feeds the animosity felt towards that community, an animosity that quickly jeopordizes what it is that scientists are trying to preserve.

As for Wayne Jonas himself, I have nothing to go on but a lacklustre cv, the text of his speech to reporters in Washington, and first-hand exposure at a symposium at the AAAS a few weeks ago. What I came away

with is that he is not very smart, quite blurry on what research is about, and probably a very nice guy who says what he believes people want to hear. I don't think this is the kind of person that most scientists would put in charge of the "debunking" operation they believe is the mission of the OAM, and when most scientists learn what the charge really is, and who's on the advisory board, and what "research" is being undertaken, they become very upset.

I am quite aware of the political sensitivities of this matter, but I cannot imagine they are going to improve if the OAM is allowed to continue to garner monies and hence an expanding constituency. One need only recall the mess that the NSF got itself into by acceding to Barbara Mikulski's agendas to realize the folly of political science. The NIH should be speaking out against this stuff, not perceived as supporting it. I urge you to take a direct look at the projects, the newsletters, the press releases, the orange book, and other products of the OAM and evaluate their impact on the trajectory of health research and medical care in this country.

Needless to say, I'd be delighted to correspond and/or talk. My office phone is 314-935-6836.

Best regards,

Ursula Goodenough